

## MONTANA BOARD OF PRIVATE SECURITY

301 South Park  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 841-2348 FAX (406) 841-2309  
EMAIL: [dlibsdsp@mt.gov](mailto:dlibsdsp@mt.gov)  
WEB SITE: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

### FIRE INVESTIGATOR INSTRUCTIONS (application follows)

Please allow 21 to 30 days to process a complete application from the time it is received in the board office. If the application is incomplete or fingerprints are rejected, the application process will be delayed.

#### LICENSING REQUIREMENTS:

- ✓ Applicant must be at least 18 years of age
- ✓ Applicant must be a citizen or legal permanent resident of the United States
- ✓ Applicant must submit proof of three years (5,400 hours) experience
- ✓ Applicant must have a high school education or its equivalent
- ✓ Applicant must not have been dishonorably discharged from any branch of the United States military service
- ✓ Applicant must submit completed an application form and fees
- ✓ Applicant must submit completed a fingerprint card
- ✓ Applicant must submit completed a full-face passport-type photograph of head and shoulders with signature in space provided

#### FEES FOR LICENSURE:

Application fee	\$200.00
Fingerprint Processing Fee	<u>\$ 32.00</u>
<b>Total:</b>	<b>\$ 232.00</b>

Make check or money order payable to the Montana Board of Private Security

Application fees are non-refundable

**DO NOT SEND CASH**

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**FIRE INVESTIGATOR  
APPLICATION**

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Social Security Number \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Other Name(s) Known By \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_ Preferred Mailing Address: \_\_\_\_\_ Home \_\_\_\_\_ Business

Personal Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Information

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

City, State \_\_\_\_\_

Business Name \_\_\_\_\_

**All applicants must answer the following questions.**

If you answer **YES**, attach a detailed explanation identifying **each occasion, the date and substance of the allegation, all agency documents, orders, final orders, stipulations and consent and/or settlement agreements.**

If you fail to include the above-referenced information in its entirety, the processing of your application may be substantially delayed.

- 1. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?.....  Yes  No
- 2. Has your license ever been forfeited or surrendered? .....  Yes  No
- 3. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?..  Yes  No
- 4. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession/occupation?.....  Yes  No
- 5. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? .....  Yes  No
- For questions 6 – 13, you may omit charges and convictions prior to your 16<sup>th</sup> birthday
- 6. Do you have criminal charges pending? .....  Yes  No
- 7. Have you ever pled guilty? .....  Yes  No
- 8. Have you ever been convicted of a crime?.....  Yes  No
- 9. Have you ever entered a plea of no contest or nolo contendere? .....  Yes  No
- 10. Have you ever had a deferred prosecution? .....  Yes  No
- 11. Have you ever had a suspended sentence? .....  Yes  No
- 12. Do you have an appeal pending? .....  Yes  No
- 13. Have you ever been convicted of any type of DUI (per se, or otherwise)? .....  Yes  No
- 14. Have you ever been charged with fraud, formally or informally, in any civil proceeding? .....  Yes  No
- 15. Have you any physical or mental condition which has adversely affected your ability to practice this profession/occupation? .....  Yes  No
- 16. Have you ever used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession/occupation? .....  Yes  No
- 17. Have you had any traffic violations in the past five years. If yes, list all violations.....  Yes  No  
You may omit traffic violations for which you paid a fine of \$100 or less.
- 18. Are you a citizen or legal permanent resident of the United States.....  Yes  No
- 19. Do you currently hold any type of professional license in Montana or another state? .....  Yes  No

If "Yes", provide the following information:

State/Province/Territory	License #	Date Issued	Is License Current	Type of License
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List your three years of applicable experience below:

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List the last five years of your employment history below:

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List the names and telephone numbers of three references below.

(References must not be related to the applicant by blood or marriage. Two of the three references must be former employers, individuals or firms with which the applicant had a contractual working agreement if self-employed, or individuals or firms having knowledge of the agreement or working relationship.)

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**AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Private Security Patrol Officers and Investigators.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana license is issued to me, I agree to conduct myself in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

SEAL

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

For the State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_.



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**Signature required on above line (for ID card)**